

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10/519339

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1					52						
3		12					53						
4		61					54						
5		70					55						
6		7					56						
7		51					57						
8		102					58						
9	1						59						
10		1					60						
11	1	1					61						
12		1					62						
13		13					63						
14		31					64						
15	1						65						
16		1					66						
17		12					67						
18		51					68						
19		10					69						
20		51					70						
21	1	1					71						
22		1					72						
23		102					73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		↓			↓							
TOTAL DEP.	20		←			←							
TOTAL CLAIMS	23												